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Bib Data Sheet

CONFIRMATION NO. 5106

SERIAL NUMBER 10/803,185	FILING OR 371(c) DATE 03/16/2004 RULE	CLASS 435	GROUP ART UNIT 1656	ATTORNEY DOCKET NO. 0838.1002-003
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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/220,913 12/24/1998 PAT 6,846,646

CMK

** FOREIGN APPLICATIONS *****

none CMK

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 05/31/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 0	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>CMK</i> Initials <i>CMK</i>				

ADDRESS

21005

TITLE

Methods for screening HIF like ouabain-resistant Na⁺-K⁺-ATPase agents

FILING FEE RECEIVED 904	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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